State: AZ		
ssue/Action # A-820-00234	Other - see notes below	2-High Consortium membe Closed
September 28th will run the monthly ros We will get into the first daily for Octobe Then a normal cycle processes. Action: Clarification will be added to the The first 820-capitation remittance shou Action Item: We will clarify the capitation Q: Which enrollment period is that?	daily of September has to be an 83 aily roster. promotes for HIPAA. he last daily will be dated Septembeter for October and should be contr, including 9/28, 9/29, 9/30 and didocument. Will be distributed with the decimal of the available 10/02 or 10/09. In payment date. In the payment cycle. When we runrough the 30th will be paid October 18/20 and 18/20	oer 27th, and available on September 28th. Inpleted September 30th. Available for pickup September 30th. Idated 10/01. In the minutes. In the 820 it will run for the Wednesday for the week prior.

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Transaction: 820			HIPAA Consortium Meeting			
Action Item	follow up on the 8 Description: Q: BHS will like a A: Action Item: Lo Resolution: Sent 09/12.	1	Responsible Person: Lori Petre 20 for BHS.	Date Opened: 8/27/2003	Date Due:	Date Completed: 9/12/2003
Issue/Action # A-	820-00250		Finance	2-High	Consortium Membe	Closed
Action Item	Description:	on the 820 for BHS. on the 820 for BHS.	Responsible Person: Lori Petre	Date Opened: 8/27/2003	Date Due:	Date Completed: 9/12/2003
Issue/Action # A-A-Action Item	Description: The first 820-capi Action Item: We verified the second of t	le 10/02 or 10/09. Itation remittance should	Finance Responsible Person: Lori Petre be available 10/02 or 10/09. Dayment date as soon as we get the for the first 820.	Date Opened: 8/13/2003	Date Due:	Closed Date Completed: 9/4/2003
Issue/Action # A-	820-00235		Other - see notes below	2-High	Consortium membe	Closed

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Transaction: 82	20	HIPAA Consortiu	um Meeting		
Action Item	Q: Hospital kicks? NPR files after September 27? Description: Q: Hospital kicks? NPR files after September 27 files after 27 files		Date Opened: 8/13/2003	Date Due:	Date Completed: 8/25/2003
	Resolution: The Manual Payment Roster, which is mad Information on the Kick payment, including	de available to the MCOs as an	nent dates, will be include	ded in the 820 file.	
Issue/Action #	820-00154		2-High Lo	ori Petre	Closed
Action Item	What will the response turnaround for a transaction be? Description: What will the response turnaround for a transaction: Resolution: Closed. Same as A-997-00155	Responsible Person: ansaction be? The task has been	Date Opened: 5/14/2003 n assigned to research	Date Due:	Date Completed: 6/27/2003 en project managers.
Issue/Action # A-	820-00133	Finance	2-High M	ary Kay McDaniel	Closed
Action Item	CRS/ BHS we have additional work to do, 820 document will be presented Description: CRS/ BHS we have additional work to do, 8	Responsible Person: Tom Walsh 820 document will be presented	Date Opened: 4/9/2003 d separately to them.	Date Due:	Date Completed: 6/25/2003
	Completed				

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Transaction: 820 HIPAA Consortium Meeting A-820-00242 Finance 2-High Issue/Action # Consortium membe | Closed Action Item When we run the 820 it will run for the **Date Completed: Responsible Person: Date Opened: Date Due:** Wednesday for the week prior. 8/13/2003 8/27/2003 Lori Petre **Description:** Q: Which enrollment period will the 820 be for? A: Finance pays in advance when we run the payment cycle. When we run the 820 it will run for the Wednesday for the week prior. For example: Capitation payments week of the 24th through the 30th will be paid October 2nd. Action: Frank will document this process, and it will be sent out with minutes or distributed in our next meeting. **Resolution:** Completed. Memo distributed 08/27/03 at the Consortium meeting.

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Transaction: 83	34		HIPAA Consorti	um Meeting		
State: AZ						
Issue/Action # I-8	at DES, their prod Description: Custodial parent Resolution:		Recipient Responsible Person: MaryKay McDaniel DES, their processes have to concern provide the appropriate in	Date Opened: 3/25/200: change, our processe		Date Completed: 6/4/2003 ew action codes need to be develop
Action # A-8	testing we will be Description:	volunteered for pilot contacting by later next volunteered for pilot testing	Responsible Person: J we will be contacting by later	Date Opened:	Date Due:	Date Completed: 4/9/2003
Action # A-8	Voucher number Description:	e can all agree the could be placed at the	Finance Responsible Person: r number could be placed at the	Date Opened: 3/12/2003		Closed Date Completed: 3/22/2003 detail level.

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Transaction: 83	34		HIPAA Consortiu	ım Meeting		
	Resolution:					
	The voucher num	ber has been added to the 83	34 transaction.			
Issue/Action # A-8	834-00148		Recipient	2-High	MaryKay McDaniel	Closed
Action Item	Description: We will need to lo	CRS, TSC or HMO in	Responsible Person: m CRS, TSC or HMO in the	Date Opened: 3/12/20 PRA client. When w		Date Completed: 3/22/2003 is information will be sent as well.
Issue/Action # A-ti	Resolution: Done. See the upo	dated companion guides and	I the examples which will be Other - see notes below	on the web site ne.	xt week. Lori Petre	Closed
Action Item	Description: Put the STFE file Resolution:	ost implementation, and increment in the project plan			cremental basis, to sec	Date Completed: 3/22/2003 e if the 1,000 number should increase een included in the implementation
Issue/Action # A-8	834-00226		Recipient	2-High	Lori Petre	Closed

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Transaction:	834		HIPAA Consorti	um Meeting		
Action Item	Will initiate a proboption #2. Description:	olem report to make	Responsible Person: Lori Petre	Date Opened: 7/16/2003	Date Due:	Date Completed: 8/11/2003
	Will initiate a prob Take everything of Add is a 021, insu	rrance one code would be scription of PG and effec	change. d make it health coverage. e an AG. AG is Preventative car tive date as the date the file wa			
Issue/Action #	A-834-00244		Recipient	2-High	Consortium membe	Closed
Action Item	HIPAA Monthly/Daily files, Clarification will be added to the document. Description:		Responsible Person: Lori Petre	Date Opened: 8/13/2003	Date Due:	Date Completed: 9/12/2003
	The last daily in S Recently we have September 26th is Then we will beging This will run throut September 28th which We will get into the Then a normal cy	834/820 HIPAA Monthly/Daily files: The last daily in September and first monthly in October will be in the 834 format. Recently we have clarified that the last daily of September has to be an 834. September 26th is the last old format daily roster. Then we will begin with critical path and promotes for HIPAA. This will run through September 28th, the last daily will be dated September 27th, and available on September 28th. September 28th will run the monthly roster for October and should be completed September 30th. Available for pickup September 30th. We will get into the first daily for October, including 9/28, 9/29, 9/30 and dated 10/01. Then a normal cycle processes. Action Item: Clarification will be added to the document. Will be distributed with the minutes, and discussed again at the next meeting.				
	Resolution:	h health plan 09/12/03		,	<u> </u>	
Issue/Action #	A-834-00275		Recipient	2-High	Consortium Membe	Closed

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Transaction: 834 HIPAA Consortium Meeting The county move out code is still an **Date Opened:** Action Item **Responsible Person: Date Due: Date Completed:** issue. It was removed, as it was no 10/8/2003 10/21/2003 Lori Petre **Description:** The county move out code is still an issue. It was removed, as it was no longer needed per the workgroup. Q: Why is it not mapped to Termination of Benefits instead of leaving it blank? Action Item: Tom is reviewing.

Resolution:

This has been promoted to test. Per TF email 10/21/03

The AZACTIONREASONCD table which has the action code mapping for HIPAA compliant codes has been promoted to test. This will stay in test until the Health Plans have finished testing this. It is to be promoted to production after that.

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Transaction: 835 Claims		HIPAA Consortium Meeting
State: AZ	_	
Issue/Action #	A-835-00158	HIPAA Enhancements 2-High Consortium Membe Closed
Action Item	Contingency plan Description: The 835 and 837 contingencies of	Responsible Person: Date Opened: Date Due: Date Completed: 6/11/2003 will be available by the end of the month, or no later than 06/04/03
	Resolution: Emailed.	

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Transaction: 837 Claims (all)	HIPAA Consorti	um Meeting		
State: AZ				
Issue/Action # A-837-00238	Claims	2-High	Consortium membe	Closed
Action Item Follow-up of provider number at line levels Description: Q: How many health plans will allow in syst A: From an encounter perspective then we carried at the line level. AHCCCS can capture this information but reduction: Follow-up of provider number at line Resolution: Completed. Took out of the maps.	will not look at getting different		l	
Issue/Action # A-837-00241	Claims	2-High	Lori Petre	Closed
Action Item CMS testing status – email sent requesting status and another will be Description: CMS testing status – email sent requesting Resolution: Completed	Responsible Person: Lori Petre g status and another will be sen	Date Opened: 8/13/200 t to those who have		Date Completed: 8/28/2003
Issue/Action # A-837-00239	Claims	2-High	Mary Kay McDaniel	Closed

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Transaction:	837 Claims (all)	HIPAA Consortiu	ım Meeting	
Action Item	Segment summary sheets will be sent out with minutes. Description: Action: Segment summary sheets will be s Resolution: Health plans have the information in the Im		Date Opened: 8/13/2003 Basary to send out, but need to have at n	Date Completed: 8/21/2003 ext Consortium meeting for one

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Transaction:	837 Inst. Claims	HIPAA Consortium Meeting
State: AZ		
Issue/Action #	A-837-00138	Claims 2-High Lori Petre Closed
Action Item	A draft Companion document version will be put out on the Claims 837 next Description: A draft Companion document version will Resolution: The document has been placed on the W	Responsible Person: Date Opened:
Issue/Action #	A-837-00159	HIPAA Enhancements 2-High Consortium Membe Closed
Action Item	Contingency plan 837 Description: The 835 and 837 contingencies will be averaged by the state of the state o	Responsible Person: Date Opened: Date Due: 5/14/2003 6/4/2003 Date Completed: 6/11/2003 Available by the end of the month, or no later than 06/04/03

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Transaction:	837 Inst. Enc.		HIPAA Consortion	ım Meeting			
State: AZ							
Issue/Action #	A-837-00274			2-High	Consortium Membe	Closed	
Action Item	Q: When was it e outpatient could Description: Q: When was it e Action Item: This Resolution: As follow-up to the Excerpt #1: Lori, this is probably the Indian MKOriginal Messification: Walter Su Sent: Thursday, To: WEDI Codes Subject: RE: ICE [My apologies for Thuky,	not reflect ICD9s? Effective that the outpatien is a HIPAA rule, we will contain the discussions on ICD9 the discussions on I		Date Opened: 10/8/20 3 manual. sortium meeting ple de	Date Due:	Date Completed: 10/10/2003 information.	
	During the most the requirement final HIPAA regs They all seemed quite some time, payers did not m payers and provi	recent CMS conference contouse ICD-9 Vol 3 for inpathat specify these selections a bit surprised during the Medicare has been required ove away from requiring paters have contracts in pla	alls, CMS officials clarified that the attent procedures and CPT/HCP we coding use requirements. It call as to why this issue was on the companient or coviders to submit ICD-9 proceduce defining this code use and expenses.	he regulations (and CS for outpatient has been been been been been been been bee	d not the Implementation ospital procedures. Be now. I guess part of the s. So, it wasn't a proble or these services. And resement policies based	on Guides) are the ones establishing elow is the specific citations from the ereason might have been that for em for them at all. But many private now the main issue is that those	

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problem seems to be in the contracts.

I understand CMS officials and industry reps from AHA, NUBC and others are working on how to address this issue, and hopefully soon we will see a FAQs.

A final thought: to CMS credit, this was something specifically addressed in the lengthy preamble to the Aug 17, 2000 final rule publication. I have extracted below some of the comments and responses from it, where they specifically clarify that covered entities using ICD-9 for outpatient hospital procedures will need to move to the new required code set standard.

Walter.

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42 CFR References (I've bolded the key items):

- -- 162.1000 General requirements. When conducting a transaction covered by this part, a covered entity must meet the following requirements: (a) Medical data code sets. Use the applicable medical data code sets described in \$162.1002 as specified in the implementation specification adopted under this part that are valid at the time the health care is furnished. (b) Nonmedical data code sets. Use the nonmedical data code sets as described in the implementation specifications adopted under this part that are valid at the time the transaction is initiated.
- -- 162.1002 Medical data code sets. The Secretary adopts the following code set maintaining organization's code sets as the standard medical data code sets:
- (a) International Classification of Diseases, 9th Edition, Clinical Modification, (ICD-9-CM), Volumes 1 and 2 (including The Official ICD-9- CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following conditions: (1) Diseases. (2) Injuries. (3) Impairments. (4) Other health problems and their manifestations. (5) Causes of injury, disease, impairment, or other health problems.
- (b) International Classification of Diseases, 9th Edition, Clinical Modification, Volume 3 Procedures (including The Official ICD-9-CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: (1) Prevention. (2) Diagnosis. (3) Treatment. (4) Management.
- [... (c) and (d) skipped they reference the NDC and CDP, not relevant in this discussion]
- (e) The combination of Health Care Financing Administration Common Procedure Coding System (HCPCS), as maintained and distributed by HHS, and Current Procedural Terminology, Fourth Edition (CPT-4), as maintained and distributed by the American Medical Association, for physician services and other health care services. These services include, but are not limited to, the following: (1) Physician services. (2) Physical and occupational therapy services. (3) Radiologic procedures. (4) Clinical laboratory tests. (5) Other medical diagnostic procedures. (6) Hearing and vision services. (7)

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Transportation services including ambulance.

[... (f) reference the HCPCS for all other substances, DME, medical supplies, or other items used in health care services ...]. These items

Relevant preamble discussion sections (Federal Register Vol 65 No. 160 - Aug 17, 2000 - Pages 50324-50325):

- "c. Code Sets Proposed. The following code sets were proposed as initial standards:
- (a) Diseases, injuries, impairments, other health related problems, their manifestations, and causes of injury, disease, impairment, or other healthrelated problems. The standard code set for these conditions is the International Classification of Diseases, 9th edition, Clinical Modification, (ICD-9-CM), Volumes 1 and 2, as maintained and distributed by the U.S. Department of Health and Human Services. The specific data elements for which the ICD-9-CM is the required code set are enumerated in the implementation specifications for the transaction standards that require its use.
- (b) Procedures or other actions taken to prevent, diagnose, treat, or manage diseases, injuries and impairments. (1) Physician Services. The standard code set for these services is the Current Procedural Terminology (CPT-4) maintained and distributed by the AMA. The specific data elements for which the CPT-4 (including codes and modifiers) is a required code set are enumerated in the implementation specifications for the transaction standards that require its use. (2) Dental Services. The standard code set for these services is The Code on Dental Procedures and Nomenclature, printed as "The Code" and published as CDT, maintained and distributed by the ADA for a charge. The specific data elements for which the Dental Code is a required code set are enumerated in the implementation specifications for the transaction standards that require its use.
- (3) Inpatient Hospital Services. The standard code set for these services is the International Classification of Diseases, 9th edition, Clinical Modification (ICD-9-CM), Volume 3 procedures, maintained and distributed by the U.S. Department of Health and Human Services. The specific data elements for which ICD-9-CM, Volume 3 procedures, is a required code set are enumerated in the implementation specifications for the transaction standards that require its use.
- b. Comment: Two commenters stated that the proposal did not reflect current uses of some code sets. One commenter stated that in addition to being used for inpatient procedural coding, the ICD-9- CM procedure codes are also required by many health plans for the reporting of facility-based outpatient procedures. The second commenter pointed out that in addition to being used by physicians and other health care professionals, the combination of HCPCS level I and CPT-4 is required for reporting ancillary services such as radiology and laboratory services and by some health plans for reporting facility-based procedures. Further, Medicare currently requires HCPCS level II codes for reporting services in skilled nursing facilities.

 Response: Health plans must conform to the requirements for code set use set out in this final rule. Therefore, if a health plan currently requires health care providers to use CPT-4 to report inpatient facility-based procedures, they both would be required to convert to ICD-9.

We agree that the proposal did not reflect all current uses of some code sets. For example, we agree that CPT-4 is commonly used to code laboratory tests, yet laboratory tests are not necessarily considered to be physician services. Moreover, the proposed rule implied that laboratory tests are a type of other health care service which are encoded using HCPCS. We believe that the architecture of both coding sets, HCPCS and CPT-4, is such that they are both frequently used for coding physician and other health care services. Both of these medical data code sets are standard medical data code sets and may be used in standard transactions (see § 162.1002(e)). Therefore, a health plan using CPT-4 to report outpatient facility-based procedures would not be required to change that practice.

In addition, the proposed rule did not itemize the types of services included in other health care services. These other health care services include the ancillary services, radiology and laboratory which are mentioned in the comment, as well as other medical diagnostic procedures, physical and occupational therapy, hearing and vision services, and transportation services including ambulance. Similarly, other substances, equipment, supplies, or

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other items used in health care services includes medical supplies, orthotic and prosthetic devices, and durable medical equipment. In the final rule, we clarify the description of physician and other health care services and we recognize that two code sets (CPT-4 and HCPCS) are used to specify these services. In the proposed rule, we used the term "health-related services" to help describe these services. We believe that use of the term "health-related services" might suggest that these services are not health care. In an effort to prevent this confusion, and because the codes in this category are used to enumerate services meeting the definition of health care, we are using what we believe is the more appropriate term ("health care services") to describe these services. We note that the substance of the category remains the same. The final rule has been revised to indicate that the combination of HCPCS and CPT-4 will be used for physician services and other health care services. The use of ICD-9-CM procedure codes is restricted to the reporting of inpatient procedures by hospitals.

In § 162.1002 we clarify the use of medical code sets. The standard code sets are the following: (a) ICD-9-CM, Volumes 1 and 2 (including The Official ICD-9-CM Guidelines for Coding and Reporting), is the required code set for diseases, injuries, impairments, other health problems and their manifestations, and causes of injury, disease, impairment, or other health problems. b) ICD-9-CM Volume 3 Procedures (including The Official ICD-9-CM Guidelines for Coding and Reporting) is the required code set for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: prevention, diagnosis, treatment, and management. (c) NDC is the required code set for drugs and biologics. (d) Code on Dental Procedures and Nomenclature is the code set for dental services. (e) The combination of HCPCS and CPT-4 is the required code set for physician services and other health care services. (f) HCPCS is the required code set for other substances, equipment, supplies, and other items used in health care services.

> From: rxthukr@regence.com [<mailto:rxthukr@regence.com>] > Sent: Thursday, October 09, 2003 1:23 PM > To: WEDI Codesets Subworkgroup List > Subject: ICD-9-CM for UB92 issue - not allowed for > hospitals outpatient claims > Good morning -> Last Friday there was discussion on the CMS > ruling that the ICD-9-CM codes could only be > used for Hospital inpatient claims and not allowed > for outpatient claims. We are very interested in > reviewing the official notification that stated this > - whether from CMS, HHS, or CDC. If anyone has a > copy or reference could you please forward it to me. > We have seen the AHIMA alert but that is not an > official source. We are looking for the source that > has legal jurisdiction to make this statement. > Thanks very much in anticipation..... > Thukv

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> rxthukr@regence.com

> 206.287.5418

..........

Excerpt 2:

Question/Answer 2357 on the CMS FAQ website:

Posted: 10/8/2003 CMS FAQ:

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_fa

gid=2357&p created=1065631578

Question:

Can ICD-9-CM procedure codes be reported on hospital outpatient claims? If I use HCPCS codes to report hospital outpatient services at the "required" service line level segment for a claim, may I use the ICD-9-CM procedure codes to report hospital outpatient services at the claim level "situational" segment?

Answer:

NO. ICD-9-CM procedure codes were named as the HIPAA standard code set for inpatient hospital procedures. The ICD-9-CM procedure codes were not named a HIPAA standard for procedures in other settings such as hospital outpatient services or other types of ambulatory services. Hospitals may capture the ICD-9-CM procedure codes for internally tracking or monitoring hospital outpatient services; but when conducting standard transactions, hospitals must use HCPCS codes to report outpatient services at the service line level and the claim level, if the situation applies. Even though an ICD-9-CM procedure code qualifier is available, in addition to a HCPCS code qualifier, at the "situational" claim level segment, the Transactions and Code Sets regulation states that ICD-9-CM procedure codes is the adopted standard code set for hospital inpatient services.

In order to continue operations and maintain cash flow, providers, as part of their contingency plan, could continue to report hospital outpatient services with ICD-9-CM procedure codes if required by the health plan. However, health plans must realize that reporting hospital outpatient services with ICD-9-CM procedures codes on standard claim transactions is not compliant, and that their good faith efforts to come into compliance must include the steps being taken to change this requirement.

Posted:

CMS FAQ:

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=2357&p_created=1065631578

Issue/Action #

A-837-00202

1-Critical

Lori Petre

Closed

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Transaction: 83	77 Inst. Enc.	HIPAA Consortiu	um Meeting	
Action Item	Description:	Responsible Person: Lori Petre	Date Opened: Date Due:	Date Completed: 6/23/2003
	Resolution: no info in record			
Issue/Action # A-8	337-00203		1-Critical Lori Petre	Closed
Action Item	Consideration of a delayed implementation of 837 Encounters Description: Consideration of a delayed implementation Once we have heard from everyone, we will this out as soon as possible, so you can state Resolution: A final decision was made to delay the HIP/transactions.	l work on our decision regardin art thinking about further implica	ations.	
Issue/Action # A-8	337-00223	Other - see notes below	2-High Lori Petre	Closed
Action Item	We hope to have some 837 initial examples to walk through by the next Description: We hope to have some 837 initial examples Resolution: Completed.	Responsible Person: Lori Petre s to walk through by the next Co	Date Opened: Date Due:	Date Completed: 8/28/2003

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Transaction:	on: 997 HIPAA Consortium Meeting					
State: AZ						
Issue/Action #	A-997-00155 Why do we need to send an acknowledgment if there is a problem? Description: Why do we need to send an acknowledgm Resolution: See A-997-00206	Acknowledgements Responsible Person: Lent if there is a problem? Will w	Date Opened: 5/14/200 we have a process to		Closed Date Completed: 6/27/2003 a problem?	
Issue/Action #	We will send a follow up question regarding the acknowledgement Description: We will send a follow up question regardin	Acknowledgements Responsible Person: g the acknowledgement transact	Date Opened: 4/9/200		Closed Date Completed: 4/14/2003 next consortium meeting.	
Issue/Action #	Resolution: Email sent 04/14/03 A-997-00132	Acknowledgements	2-High	Lori Petre	Closed	
Action Item	We will look at a notification of what was accepted from the load process, since Description:	Responsible Person: Nancy Mischung	Date Opened:	Date Due:	Date Completed: 6/27/2003	

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Transaction: 99	97	HIPAA Consortiu	ım Meeting					
	Resolution: See A-997-00206.							
Issue/Action # A-9	997-00252		2-High	Consortium Membe	Closed			
Action Item	We will review the 997 version. Description:	Responsible Person: Lori Petre	Date Opened: 8/27/200	Date Due:	Date Completed: 9/17/2003			
	Q: What did we resolve on the 997 GS08? Our stance is you want the 997 version as the response. A: I read that the date is 4010, then the actual. GS08 for a 997 is 4010. The actual version that you are responding to is at the end of the segment. Action Item: We will review the 997 version.							
	Resolved.							
Issue/Action # A-9	997-00131	Acknowledgements	2-High	Lori Petre	Closed			
Action Item	We will go back and check the flow regarding the 997. Description: We will go back and check the flow regard	Responsible Person: ling the 997.	Date Opened: 4/14/200	Date Due:	Date Completed: 4/14/2003			
	Resolution: Corrections have been made and emailed	to Consortium members 04/14/	03.					
Issue/Action # A-9	997-00227	Acknowledgements	2-High	Lori Petre	Closed			

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Transaction: 99	97	HIPAA Consortium Meeting			
Action Item	The folders for the acknowledgements are ready and we can begin accepting Description: The folders for the acknowledgements are respectively. Resolution: Completed.	Responsible Person: Lori Petre eady and we can begin accep	Date Opened: 7/16/2003 ting your 997s. We will send an email n	Date Completed: 8/28/2003 otifying you if these are processing well.	
Issue/Action # A-	997-00206	Other - see notes below	1-Critical Lori Petre	Closed	
Action Item	Outbound Acknowledgment document needs to be replaced in directory and Description: Outbound Acknowledgment document need Resolution: Final Acknowledgement Flows emailed 06/3	· · · · · · · · · · · · · · · · · · ·	Date Opened: 6/4/2003 Date Due: 6/4/2003	Date Completed: 6/30/2003	
Issue/Action # A-	997-00261	Acknowledgements	2-High Consortium Memb	e Closed	
Action Item	Action Item: Issue has been raised again from a Health plans' perspective of Description: Action Item: Issue has been raised again from plans. Resolution: Per Brent, found a batch 1.1 acknowledgem		Date Opened: 9/17/2003 e of getting the 5.1 to AHCCCS; this is a	Date Completed: 10/7/2003 In issue for at least two of the health	

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Transaction:	MAP-MERCATOR	HIPAA Consortium Meeting
State: BOTH		
Issue/Action #	A-MAP-00153	Other - see notes below 2-High Nancy Mischung Closed
Action Item		Responsible Person: Date Opened: Date Due: Nancy Mischung 5/14/2003 9/3/2003 handle the situational elements. We will look to publish something explaining this.
	completed.	

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Transaction: N	NCPDP Claims	HIPAA Consortium Meeting			
State: AZ					
Issue/Action #	-NCP-00166	Claims	2-High Consortium Membe Closed		
Action Item	Concerns expressed via internet on NCPDP will be placed on the list. Description: Concerns expressed via internet on NCPDP N	Responsible Person: Brent Ratterree PDP will be placed on the list.	Date Opened:Date Due:Date Complete5/14/200310/6/2		
	To be addressed at the consortium mee	eting.			

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Transaction:	NCPDP Enc.	HIPAA Consorti	HIPAA Consortium Meeting				
State: AZ							
Issue/Action #	A-NCP-00264		2-High	Consortium Membe	Closed		
Action Item	Q: Health Plan - who would be validating/certifying the NCPDP Description: Q: Health Plan - who would be validat A: Claredi does not certify NCPDP. S Q: Who will AHCCCS use? Action Item: AHCCCS will need to foll	So far there is no one certifying the N			Date Completed: 10/7/2003		
	Resolution: Result from Brent: Patsy from NCPDF WebMD or Texas Medicaid In addition I have attached NCPDP's	_		that we may be able to	o obtain a 5.1 claims file from		

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Fransaction: C	OTHER	HIPAA Consorti	HIPAA Consortium Meeting				
State: AZ							
Issue/Action # A-	-OTH-00135	Other - see notes below	2-High	Brent Ratterree	Closed		
Action Item	We will send this Draft document of Certification Form out along with the Description: We will send this Draft document of Resolution: Completed	ixcopolisible i ci soli.	Date Opened: 4/9/2003 he minutes.	Date Due:	Date Completed: 4/22/2003		
Issue/Action # A	-OTH-00170	Infrastructure	2-High	_ori Petre	Closed		
Action Item	The technical specs need to be ava for direct access to the AHCCCS FT Description: The technical specs need to be ava Resolution: Addressed.		Date Opened: 4/15/2003 S FTP server.	Date Due:	Date Completed: 6/4/2003		
Issue/Action #	-OTH-00171	Other - see notes below	2-High	_ori Petre	Closed		
Action Item	Need to finalize B2B requirement handling for certification. Description: Need to finalize B2B requirement has	Responsible Person: andling for certification.	Date Opened: 4/9/2003	Date Due:	Date Completed: 4/25/2003		

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Transaction:	OTHER	HIPAA Consorti	um Meeting	
	Resolution: The data itself needs to be certified and submitted. The process to create the data			ual needs to concurrently certify the data ust certify after the process creates the data.
Issue/Action #	A-OTH-00146		2-High Lori Petre	Closed
Action Item	Mary Kay will look at this date file under FYI. Description: Mary Kay will look at this date file under Resolution:	Responsible Person: FYI.	Date Opened: Date Dute 3/12/2003	Date Completed: 3/22/2003
Issue/Action #	Done. See the updated companion guide A-OTH-00124	Other - see notes below	3-Low Gloria Collins	S Closed
Action Item	We will check on what Tina had documented in reference to the Description: We will check on what Tina had docume Resolution:	Responsible Person: Inted in reference to the translator	Date Opened: 4/9/2003 That each plan has.	Date Completed: 6/4/2003
Issue/Action #	Addressed. A-OTH-00125	Other - see notes below	2-High	Closed

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Transaction: (OTHER		HIPAA Consortiu	ım Meeting		
Action Item	We can make the process available. Description: We can make the Resolution: Addressed.	documented FTP documented FTP process	Responsible Person: available.	Date Opened: 4/9/2003	Date Due:	Date Completed: 6/4/2003
Issue/Action #	-OTH-00134		Testing	2-High	Lori Petre	Closed
Action Item	Description:	ition testing would be still s	Responsible Person: and integration testing would b	Date Opened: 4/9/2003 e logical. We will pro		Date Completed: 6/4/2003 up 1 transactions by end of April and
Issue/Action # Action Item	asking for input on Description:	,	Other - see notes below Responsible Person: Lori Petre ng for input on other options w	Date Opened: 7/16/2003		Closed Date Completed: 9/17/2003
Issue/Action # A	-OTH-00142		Other - see notes below	2-High	Lori Petre	Closed

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Transaction: C	OTHER	HIPAA Consorti	um Meeting						
Action Item	We are trying to clean up the email contacts. Description: We are trying to clean up the email or	Responsible Person: ontacts.	Date Opened: 3/20/2003	Date Due:	Date Completed: 4/1/2003				
	Resolution: Completed								
Issue/Action #	-OTH-00207	Other - see notes below	2-High	Nancy Mischung	Closed				
Action Item	Email sent on Zero record blank file: Confirmation on the agreed upon Description: Email sent on Zero record blank file: Confirmation on the agreed upon solution will be sent early next week. Resolution: Per agreement at the Wednesday, June 4th Consortium Meeting. The Health Plans have requested that AHCCCS send the trailer record as it exists in today's process, when there are no records on the 834 file. We completed the coding and unit test, and have transmitted the first trailer record files through Mercator and out to the Health Plans as requested. The Health Plans must be aware however that these files with only the trailer records are not intended to be processed by their maps as EDI 834 transactions. We also found a solution to create the same trailer record when the 820 has no records. The 820 will have a trailer record identical to the 834 when is no 820 information available. This will be available when the next 820 process runs.								
Issue/Action # A-	-OTH-00208	Other - see notes below	2-High	Lori Petre	Closed				
Action Item	Melanie is putting together instruction on downloading, emailing, faxing form Description: Melanie is putting together instruction We can also accept problems as an experience of the company of the c	Melanie Carnegie s on downloading, emailing, faxing for		later this week.	Date Completed: 7/11/2003				

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Transaction: O	THER		HIPAA Consortion	um Meeting		
	Resolution: Completed.					
Issue/Action # A-	OTH-00209		Other - see notes below	2-High	Lori Petre	Closed
Action Item	Problem Report Summaries and Secondary testing contains. Problem Report Summaries. Resolution: Problem Report Stats have to the secondary testing contains.	acts will	Responsible Person: Mariaelena Ugarte condary testing contacts will and posted to the WEB.	Date Opened: 6/4/20 receive information		Date Completed: 8/6/2003 ed, fixed and dates.
Issue/Action # A-	OTH-00211		Other - see notes below	2-High	Lori Petre	Closed
Action Item	Survey was sent out regarditranslators used and Claredi Description: Survey was sent out regardi Resolution: Completed.	Workgroup,	Responsible Person: Mariaelena Ugarte ed and Claredi Workgroup, a	Date Opened: 6/4/20 and we are now com		Date Completed: 8/5/2003 will be sent out shortly.
Issue/Action # A-	OTH-00204			1-Critical	Brent Ratterree	Closed

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Transaction: O	THER		HIPAA Consortiu	um Meeting		
Action Item	30 additional waiver code Description: 30 additional waiver code We will follow up with Bre Resolution: Resolved.	s. Timeframe when	Responsible Person: Brent Ratterree that will be available?	Date Opened: 6/4/2003	Date Due:	Date Completed: 7/21/2003
Issue/Action # A-	OTH-00224		Other - see notes below	2-High	ori Petre	Closed
Action Item	Transmission file with one will be reviewed further. Description: Transmission file with one Resolution: Completed		Responsible Person: Lori Petre reviewed further.	Date Opened: 7/16/2003	Date Due:	Date Completed: 8/28/2003
Issue/Action # A-Action Item	OTH-00168 Email-inquiring which trar certification software, and Description: Email-inquiring which trar Resolution: Email sent 05/19/03; 5:07	I the use of	Other - see notes below Responsible Person: software, and the use of Clare	Date Opened: 5/14/2003		Closed Date Completed: 5/19/2003
Issue/Action #	OTH-00228		Other - see notes below	2-High	₋ori Petre	Closed

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Transaction:	OTHER	HIPAA Consortion	um Meeting		
Issue	VPN issue – we are trying to automate the process and put in place a VPN Description:	Responsible Person: Lori Petre	Date Opened: 7/16/2003	Date Due:	Date Completed: 8/28/2003
	VPN issue – we are trying to automate the p Dennis will discuss this VPN issue with Netv Resolution: Completed		N concentrator. We war	nt to do a LAN-to-l	_AN connection.
Issue/Action #	A-OTH-00229	Other - see notes below	2-High Lo	ori Petre	Closed
Action Item	Need a summarization of impacts for the next consortium. Description: Need a summarization of impacts for the ne Resolution: Completed.	Responsible Person: Lori Petre ext consortium.	Date Opened: 7/16/2003	Date Due:	Date Completed: 8/28/2003
Issue/Action #	A-OTH-00230	Other - see notes below	2-High Lo	ori Petre	Closed
Action Item	Email summarizing what we have heard for suggestions and requesting your Description: Email summarizing what we have heard for	Responsible Person: Lori Petre suggestions and requesting years	Date Opened: 7/16/2003 our inputs will be sent of	Date Due:	Date Completed: 8/28/2003
	Resolution: Completed.				

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Transaction: C	OTHER	HIPAA Consortiu	um Meeting	
Issue/Action # A	A-OTH-00248	Other - see notes below	2-High Consortium Membe Closed	
Action Item	We will include the materials that were presented to the CFOs on the Web site. Description:	Responsible Person: Nancy Mischung	Date Opened: 8/27/2003 Date Due: Date Co	ompleted: 10/6/2003
	Resolution: This information was provided to Lori and	she sent an e-mail to the Health	n Plan participants on Thursday, 8/28/03.	
Issue/Action #	A-OTH-00255		2-High Consortium Membe Closed	
Action Item	Decisions were received from everyone. There will be one more opportunity to Description: Decisions were received from everyone. T Action Item: Next Wednesday we will send		9/17/2003 lity to change/validate that decision next week.	9/25/2003
Issue/Action # A	Resolution: Per Lori, Close, not rally an aciton item.		2-High Consortium Membe Closed	
Action Item	Request: Could we possibly get the minutes out sooner, preferably by next Description: Request: Could we possibly get the minutes	Responsible Person: Lori Petre es out sooner, preferably by next	Date Opened: Date Due: Date Co	ompleted: 9/25/2003
	Resolution: Sent ahead of schedule.			

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ransaction: (JIHEK		HIPAA Consortiu	ım Meeting		
Issue/Action #	A-OTH-00220		Other - see notes below	2-High	₋ori Petre	Closed
Action Item	Description:	dates by transaction	Responsible Person: Lori Petre dates by transaction from the	Date Opened: 7/16/2003 implementation plan for		Date Completed: 8/28/2003 ext Consortium meeting.
Issue/Action #	A-OTH-00156]	Other - see notes below	2-High	₋ori Petre	Closed
Action Item	Transactions to I Description: Transactions to I Resolution: Addressed.		Responsible Person: alls that have the technology b	Date Opened: 5/14/2003 uilt into them. An exa		Date Completed: 6/4/2003 led by Michael Anderson.
Issue/Action #	A-OTH-00139		Other - see notes below	2-High	₋ori Petre	Closed
Action Item	within the next fe	ormation published w weeks, such as, what ormation published within the	Responsible Person: Tom Walsh e next few weeks, such as, wh	Date Opened: 3/12/2003 at has happened in o		Date Completed: 4/9/2003 s what we need to do in ou

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Transaction:	OTHER	HIPAA Consorti	um Meeting		
	Presented at the Consortium meeting 0-	4/09/03.			
Issue/Action #	A-OTH-00140	Testing	2-High Lori	Petre	sed
Action Item	An email will be sent notifying you of what we have in mind for our Testing Description: An email will be sent notifying you of wh	Responsible Person: at we have in mind for our Testing	3/12/2003		24/9/2003 ons they are welcome.
	Resolution: Addressed at 04/09/03 Consortium				
Issue/Action #	A-OTH-00141	Other - see notes below	2-High Lori	Petre	sed
Action Item	We will send out something soliciting your interest to see if increasing the Description: We will send out something soliciting your solicition: Resolution: Email sent week of 03/31.Completed	Responsible Person: our interest to see if increasing the	3/12/2003		24/7/2003 ee weeks would be possible.
T /A / 1	A-OTH-00143	Other - see notes below	2-High Lori	Petre Clos	and .
Action Item	A new copy of the Code Sets will be ser Description: A new copy of the Code Sets will be ser	Responsible Person:			Date Completed: 3/22/2003
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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Transaction: C	OTHER	HIPAA Consorti	um Meeting		
	Resolution: This is included in the new compa	anion guides on the web site. A separate	e document is not nee	eded.	
Issue/Action #	-OTH-00205	Other - see notes below	2-High	Nancy Mischung	Closed
Action Item	Resolution: ISD is in the process of identifying	Indiate Nancy Mischung ling the electronic signature/certification g options which range from manual fax to anticipate meeting with key internal cust	o electronic signature	ing.	
Issue/Action #	OTH-00152	Claims	2-High	Lori Petre	Closed
Issue	How to Dupe check and get it back Description: How to Dupe check and get it back Resolution: Completed.	Nancy Mischung	Date Opened: 5/14/200	Date Due:	Date Completed: 8/28/2003
Issue/Action # A	-OTH-00136	Other - see notes below	2-High	Lori Petre	Closed

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Transaction: (OTHER	HIPAA Consorti	um Meeting		
Action Item	The HL7 group letter will be sent with the minutes. Description: The HL7 group letter will be sent with the letter will be sent wit	Responsible Person: minutes.	Date Opened: 4/9/200	Date Due:	Date Completed: 4/11/2003
Issue/Action #	A-OTH-00160		1-Critical	Lori Petre	Closed
Action Item	Response to questions that were sent to Brent. Description: Responses to questions that were sent to Resolution: Completed	Responsible Person: Brent will be provided by 06/04/	Date Opened: 5/14/200	Date Due:	Date Completed: 6/27/2003
Issue/Action # Action Item	Transaction Identifiers - table of what we are calling ourselves and the MCO's in Description: Transaction Identifiers - review of table of Resolution: Completed	Tables Responsible Person: what we are calling ourselves an	Date Opened: 5/14/200 and the MCO's in thes	Date Due:	Closed Date Completed: 6/4/2003 eview.
Issue/Action #	OTH-00162	Other - see notes below	2-High	Consortium Membe	Closed

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Transaction: O	THER	HIPAA Consorti	um Meeting	
Issue	Ventilator clients had to be put in seperately. Description: Ventilator clients had to be put in seperately.	Responsible Person:	Date Opened: Date Due: 5/14/2003	Date Completed: 6/4/2003
	Resolution: Addressed.			
Issue/Action #	OTH-00163	Other - see notes below	2-High Lori Petre	Closed
Action Item	Trading Partner information Description: Trading Partner information to be put together Resolution: Addressed.	Responsible Person: er by next week.	Date Opened: 5/14/2003 Date Due:	Date Completed: 6/4/2003
Issue/Action # A-C	OTH-00167	HIPAA Enhancements	2-High Nancy Mischung	Closed
Action Item	Trailer Record, option of an email sent when a there isn't a file to process. Description: Trailer Record, option of an email sent when Resolution: Resolved.	Responsible Person: a there isn't a file to process.	Date Opened: Date Due:	Date Completed: 6/4/2003

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Transaction: OTHER		HIPAA Consortion	um Meeting	
Issue/Action # I-OTH-00100		Recipient	2-High Lori Petre	Closed
	ded to different plans. ounced by 05/08.	Responsible Person:	Date Opened: 4/29/2003 Date Due:	Date Completed:

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Transaction:	OTHER	HIPAA Consortium Meeting
State: BOTH	[
Issue/Action #	A-OTH-00157	Other - see notes below 2-High Lori Petre Closed
Action Item	Lag time of test data. Description: How soon can we get the test data that will resolution: Resolution:	Responsible Person: Nancy Mischung 5/14/2003 Date Due: 6/4/2003 Bate Completed: 6/4/2003 Ill be the same as the production data. We will also look at catching up with files on Mondays, for the weekend.
Issue/Action #	A-OTH-00120	Testing 2-High Frank Straka Closed
Action Item	When will User test be scheduled to start? Description: When will User test be scheduled to start? Resolution:	Responsible Person: Lori Petre Date Opened: 4/28/2003 Date Due: 4/28/2003 4/28/2003

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